

FILED JAN 15 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

40268

BIRTH NO. _____		REG. DIST. NO. <u>105</u>		PRIMARY REG. DIST. NO. <u>4177</u>		Registrar's No. <u>91</u>	
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarkton</u> c. LENGTH OF STAY (If this place) <u>9 Mo.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Limit</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett, Mo.</u> d. STREET ADDRESS (If rural, give location) <u>5th &amp; Kennett, Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Delia</u> b. (Middle) <u>G.</u> c. (Last) <u>Hutchinson</u>		4. DATE OF DEATH (Month) <u>Dec.</u> (Day) <u>26</u> (Year) <u>1950</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>4-20-89</u>		9. AGE (In years last birthday) <u>61</u> If under 1 year: Months <u>0</u> Days <u>0</u> If under 12 months: Hours <u>0</u> Min. <u>0</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Operator at factory</u>	
11. BIRTHPLACE (State or foreign country) <u>Rosiclare, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Tobe Cullum</u>		13b. MOTHER'S MAIDEN NAME <u>Un known</u>	
14. NAME OF HUSBAND OR WIFE <u>A. J. Hutchinson</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>497-03-4443</u>		17. INFORMANT'S SIGNATURE OR NAME <u>A. J. Hutchinson</u> ADDRESS <u>Clarkton, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Nephritis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>592X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs.</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) <u>Clarkton</u> (COUNTY) <u>Dunklin</u> (STATE) <u>Mo</u>			
21d. TIME OF INJURY (Month) <u>3</u> (Day) <u>3</u> (Year) <u>1950</u> (Hour) <u>3</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>11-14</u> , 19 <u>50</u> , to <u>12-26</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12-23</u> , 19 <u>50</u> , and that death occurred at <u>5:52 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. B. Stemmer</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Clarkton Mo</u>		23c. DATE SIGNED <u>12/27/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-28-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stanfield</u>		24d. LOCATION (City, town, or county) (State) <u>Clarkton, Mo. Rural</u>	
DATE REC'D BY LOCAL REG. <u>12-28-50</u>		REGISTRAR'S SIGNATURE <u>Y.M. George</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. B. Stemmer</u> ADDRESS <u>Kennett, Mo</u>			

(Licensee Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT .....1-10-51.....

COUNTY FILE NUMBER 151-11.....

JAN 8 . 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....  
working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed.....  
Edgar Lee Ford

Licensed Embalmer No. 4433

P. O. Address Kennett Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.